

**HOUSTON INDEPENDENT SCHOOL DISTRICT
OFFICE OF SPECIAL EDUCATION SERVICES**

Transition Planning Services: Parent Input Form

Student _____ **Date** _____

Transition refers to a coordinated set of activities designed to promote movement from high school to post-high school environments. Information you provide will assist school staff in planning for your child's transition from high. After you complete the form, a school staff person will contact you to discuss the information prior to your child's ARD/IEP committee meeting. The information will also be reviewed at your child's ARD/IEP committee meeting. Please complete the input form and return to the person below. Thank you for your assistance.

Return form to _____ **By** _____

Name

Date

I. Post-Secondary Education and/or Training

After high school graduation, I would like my son/daughter to: **(check all that apply)**

____ Attend a four-year college

____ Attend a trade school

____ Attend a community college

____ Attend a technical school

____ Receive on the job training

____ Enlist in the military

____ Other (describe) _____

II. Employment

After high school graduation, I would like my son/daughter to work. Yes____ No____

If **yes**, check the type of employment you would like your son/daughter to have:

Type	Part Time	Full Time	With Assistance?	
			Yes	No
Competitive (paid) Employment				
Supported (paid) Employment (with assistance of a job coach)				
Sheltered (paid) Employment (in structured environment)				
Self-employment				
Volunteer				

Does your son/daughter have any work experience? Yes____ No____

If yes, describe. (length of time, paid or unpaid, type of work done, etc.)

List any chores your son/daughter perform(s) at home.

Where do you think your son/daughter will live after graduation from high school?

____ College/university dormitory

____ With parent/other family member

____ His/her own apartment

____ Supervised group home

____ Other (describe) _____

III. Recreation and Leisure Activities (check all that apply):

What activities does your son/daughter enjoy?

- | | | |
|---|---|--|
| <input type="checkbox"/> Lifting weights | <input type="checkbox"/> Bowling | <input type="checkbox"/> Playing video games |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Visiting friends | <input type="checkbox"/> Watching TV/Videos/DVDs |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Fishing | <input type="checkbox"/> Going to the movies |
| <input type="checkbox"/> Going to the mall | <input type="checkbox"/> Camping | <input type="checkbox"/> Playing/watching sports |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Attending sporting events |
| <input type="checkbox"/> Participating in arts and crafts | | |
| <input type="checkbox"/> Other (describe) _____ | | |

IV. TransportationAfter graduation my son/daughter will use the following transportation: **(check all that apply)****Vehicle**

- ☐
- Drive vehicle
-
- ☐
- Driven by family/friend

Bus

- ☐
- Use Metro independently
-
- ☐
- Use Metro with assistance

Walk

- ☐
- Walk without assistance
-
- ☐
- Walk with assistance

Bicycle

- ☐
- Ride a bike without assistance

☐ Other (describe) _____**V. Agency Services**Does your son/daughter currently receive services from an agency? (MHMRA, DARS, Social Security, etc.) ☐ Yes ☐ No If yes, describe below:

Agency	Description of Services

Do you want information about other agencies? ☐ Yes ☐ No If yes, describe below:

☐ Completed by parent/guardian. _____

Parent's Signature

☐ Completed by interviewer. _____

Interviewer's Signature